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CONFIRMATION NO. 3966

SERIAL NUMBER 10/766,647	FILING OR 371(c) DATE 01/27/2004 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 00025.04CON
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/151,596 05/16/2002
 which claims benefit of 60/294,203 05/24/2001
 and claims benefit of 60/317,479 09/05/2001
 This application 10/766,647
 is a CON of 10/735,497 12/12/2003
 which is a CON of 10/151,596 05/16/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 06/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

37485

TITLE

Delivery of analgesics through an inhalation route

FILING FEE RECEIVED 514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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